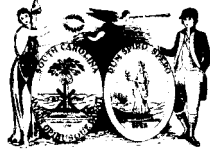


State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200
COLUMBIA, S.C. 29201

THOMAS L. WAGNER, JR., CPA
STATE AUDITOR

(803) 253-4160
FAX (803) 343-0723

June 18, 2001

Ms. Denise Fallaw, Administrator
Edgefield Health Care Center
Post Office Box 668
Edgefield, South Carolina 29824-0668

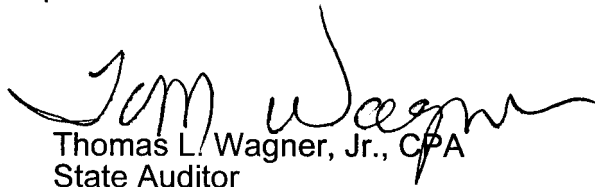
Re: AC# 3-EHC-J8 – Edgefield Associates L.P. d/b/a Edgefield Health Care
Center

Dear Ms. Fallaw:

The accompanying report has been prepared by our office based on your Medicaid Financial and Statistical Report submitted to the Department of Health and Human Services for the cost report period October 1, 1997 through September 30, 1998. That report was used to set the rate covering the contract period beginning October 1, 1999.

We are recommending that the Department of Health and Human Services certify an accounts payable for the amounts underpaid as a result of the rate change shown at Exhibit A. You will be notified of payment by that Agency.

If you take exception to this report in any manner, you have the right to appeal in accordance with the Code of Laws of South Carolina, 1976 as amended, Title 44, and Department of Health and Human Services Regulation R.126-150, and you must respond in writing within thirty (30) calendar days of the date of this letter. This written response must address the specific items in the report being appealed, and must be directed to the Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. Any correspondence should include the control number appearing on Exhibit A of this report.


Thomas L. Wagner, Jr., CPA
State Auditor

TLWjr/sag

cc: Ms. Brenda L. Hyleman
Mr. Jeff Saxon
Mr. Robert M. Kerr

**EDGEFIELD ASSOCIATES, L.P.
D/B/A EDGEFIELD HEALTH CARE CENTER**

EDGEFIELD, SOUTH CAROLINA

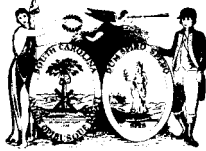
**CONTRACT PERIOD
BEGINNING OCTOBER 1, 1999
AC# 3-EHC-J8**

**REPORT ON CONTRACT
FOR
PURCHASE OF NURSING CARE SERVICES
WITH
STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

August 24, 2000

Department of Health and Human Services
State of South Carolina
Columbia, South Carolina

We have performed the procedures described below, which were agreed to by the South Carolina Department of Health and Human Services, solely to compute the rate change and related adjusted reimbursement rate to be used by the Department in determining the reimbursement settlement with Edgefield Associates, L.P. d/b/a Edgefield Health Care Center, for the contract period beginning October 1, 1999, and for the twelve month cost report period ended September 30, 1998, as set forth in the accompanying schedules. This engagement to apply agreed-upon procedures was performed in accordance with standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the Department of Health and Human Services. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

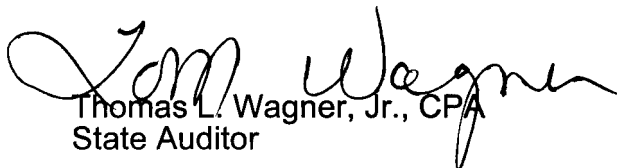
The procedures and the associated findings are as follows:

1. We tested selected costs or areas based on our analytical procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by Edgefield Associates, L.P. d/b/a Edgefield Health Care Center, to determine if these costs were allowable as defined by the State Plan for Medicaid reimbursement purposes and supported by accounting and statistical records maintained by the provider. Our findings as a result of these procedures are presented in the Adjustment Report, Summary of Costs and Total Patient Days, and Cost of Capital Reimbursement Analysis sections of this report.
2. We recomputed the Computation of Reimbursement Rate using the adjusted costs and calculated the rate change in accordance with the provisions of the contract between the Department of Health and Human Services and Edgefield Associates, L.P. d/b/a Edgefield Health Care Center dated as of October 1, 1994 as amended. Our findings as a result of these procedures are presented in the Computation of Rate Change and Computation of Adjusted Reimbursement Rate sections of this report.

Department of Health and Human Services
State of South Carolina
August 24, 2000

We were not engaged to, and did not, perform an audit, the objective of which would be the expression of an opinion on the specified elements, accounts, or items. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the South Carolina Department of Health and Human Services and is not intended to be and should not be used by anyone other than the specified party.


Thomas L. Wagner, Jr., CPA
State Auditor

EDGEFIELD ASSOCIATES, L.P. D/B/A EDGEFIELD HEALTH CARE CENTER

Computation of Rate Change
For the Contract Period
Beginning October 1, 1999
AC# 3-EHC-J8

Adjusted reimbursement rate	\$81.73
Interim reimbursement rate (1)	<u>81.50</u>
Increase in reimbursement rate	\$ <u><u>.23</u></u>

(1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing dated December 3, 1999

EDGEFIELD ASSOCIATES, L.P. D/B/A EDGEFIELD HEALTH CARE CENTER

Computation of Adjusted Reimbursement Rate
For the Contract Period Beginning October 1, 1999
AC# 3-EHC-J8

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$35.38	\$44.29	
Dietary		10.19	10.24	
Laundry/Housekeeping/Maint.		<u>8.15</u>	<u>8.89</u>	
Subtotal	<u>\$4.44</u>	53.72	63.42	\$53.72
Administration & Med. Records	<u>\$.45</u>	<u>10.94</u>	<u>11.39</u>	<u>10.94</u>
Subtotal		64.66	<u>\$74.81</u>	64.66
<u>Costs Not Subject to Standards:</u>				
Utilities		1.98		1.98
Special Services		-		-
Medical Supplies & Oxygen		2.22		2.22
Taxes and Insurance		1.35		1.35
Legal Fees		<u>-</u>		<u>-</u>
TOTAL		<u>\$70.21</u>		70.21
Inflation Factor (3.00%)				2.11
Cost of Capital				6.27
Cost of Capital Limitation				-
Profit Incentive (Max. 3.5% of Allowable Cost)				.45
Cost Incentive				4.44
Effect of \$1.75 Cap on Cost/Profit Incentives				(3.14)
CNA Add-On				.75
Nurse Aide Staffing Add-On				<u>.64</u>
 ADJUSTED REIMBURSEMENT RATE				 <u>\$81.73</u>

EDGEFIELD ASSOCIATES, L.P. D/B/A EDGEFIELD HEALTH CARE CENTER

Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 1998
AC# 3-EHC-J8

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
General Services	\$1,102,308	\$ -	\$ -	\$1,102,308
Dietary	317,449	-	-	317,449
Laundry	42,928	-	-	42,928
Housekeeping	132,590	-	-	132,590
Maintenance	78,313	-	-	78,313
Administration & Medical Records	333,763	7,030 (2)	-	340,793
Utilities	61,651	-	-	61,651
Special Services	-	-	-	-
Medical Supplies & Oxygen	69,092	-	-	69,092
Taxes and Insurance	42,051	-	-	42,051
Legal Fees	-	-	-	-
Cost of Capital	195,815	1,588 (1) 35 (2)	2,197 (3)	195,241
Subtotal	2,375,960	8,653	2,197	2,382,416
Ancillary	27,250	-	-	27,250

EDGEFIELD ASSOCIATES, L.P. D/B/A EDGEFIELD HEALTH CARE CENTER

Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 1998
AC# 3-EHC-J8

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments		<u>Adjusted Totals</u>
		<u>Debit</u>	<u>Credit</u>	
Non-Allowable	<u>98,376</u>	<u>2,197</u> (3)	<u>7,065</u> (2)	<u>93,508</u>
 Total Operating Expenses	 \$ <u>2,501,586</u>	 \$ <u>10,850</u>	 \$ <u>9,262</u>	 \$ <u>2,503,174</u>
 Total Patient Days	 <u>31,156</u>	 <u>-</u>	 <u>-</u>	 <u>31,156</u>
 Total Beds	 <u>88</u>			

EDGEFIELD ASSOCIATES, L.P. D/B/A EDGEFIELD HEALTH CARE CENTER

Adjustment Report
Cost Report Period Ended September 30, 1998
AC# 3-EHC-J8

ADJUSTMENT NUMBER	ACCOUNT TITLE	DEBIT	CREDIT
1	Cost of Capital	\$ 1,588	
	Fixed Assets	56,572	
	Other Equity	52,815	
	Accumulated Depreciation		\$110,975
	To adjust fixed assets and related depreciation HIM-15-1, Section 2304		
2	Administration	7,030	
	Cost of Capital	35	
	Nonallowable		7,065
	To adjust management fees State Plan, Attachment 4.19D		
3	Nonallowable	2,197	
	Cost of Capital		2,197
	To adjust capital return State Plan, Attachment 4.19D		
		<hr/>	<hr/>
	TOTAL ADJUSTMENTS	\$ <u>120,237</u>	\$ <u>120,237</u>

Due to the nature of compliance reporting, adjustment descriptions and references contained in the preceding Adjustment Report are provided for general guidance only and are not intended to be all-inclusive.

EDGEFIELD ASSOCIATES, L.P. D/B/A EDGEFIELD HEALTH CARE CENTER

Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 1998
AC# 3-EHC-J8

Original Asset Cost (Per Bed)	\$ 15,618
Inflation Adjustment	<u>2.2493</u>
Deemed Asset Value (Per Bed)	35,130
Number of Beds	<u>88</u>
Deemed Asset Value	3,091,440
Improvements Since 1981	414,890
Accumulated Depreciation at 09/30/98	<u>(995,592)</u>
Deemed Depreciated Value	2,510,738
Market Rate of Return	<u>.063</u>
Total Annual Return	158,176
Return Applicable to Non-Reimbursable Cost Centers	-
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Annual Return	158,176
Depreciation Expense	60,874
Amortization Expense	-
Capital Related Income Offsets	(23,809)
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Cost of Capital Expense	195,241
Total Patient Days (Minimum 97% Occupancy)	<u>31,156</u>
Cost of Capital Per Diem	\$ <u><u>6.27</u></u>

EDGEFIELD ASSOCIATES, L.P. D/B/A EDGEFIELD HEALTH CARE CENTER

Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 1998
AC# 3-EHC-J8

6/30/89 Cost of Capital and Return on Equity	
Capital Per Diem Reimbursement	\$ 6.37
Adjustment for Maximum Increase	<u>3.99</u>
Maximum Cost of Capital Per Diem	\$ <u>10.36</u>
Reimbursable Cost of Capital Per Diem	\$ 6.27
Cost of Capital Per Diem	<u>6.27</u>
Cost of Capital Per Diem Limitation	\$ <u>-</u>

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